

**CUSTOMER SERVICE DIVISION**

Office locations:

7447 E. Indian School Rd., Suite 110  
Scottsdale, AZ 85251

or

9379 E. San Salvador Dr., Suite 100  
Scottsdale, AZ 85258

Telephone (480) 312-2400

Fax (480) 312-4806



**City of Scottsdale  
PROMOTER APPLICATION**

**PC 2001**

Fee(s) \_\_\_\_\_

General Provisions  
Ordinance to Applicant  
Date & Initial \_\_\_\_\_

Misc. Business License  
Ordinance to Applicant  
Date & Initial \_\_\_\_\_

Date Original Application  
Received \_\_\_\_\_

Bi-Weekly Updates Received  
Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Promoter License Number

\_\_\_\_\_  
City Sales Tax License Number

Promoter Name \_\_\_\_\_ Office Number (\_\_\_\_) \_\_\_\_\_

Business Name (If different than Promoter name) \_\_\_\_\_

Promoter Address, City, State, Zip \_\_\_\_\_

Name of Event \_\_\_\_\_

Location of Event \_\_\_\_\_ Date(s) of Event \_\_\_\_\_

Applicant Name \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

**Please attach a legible or typed vendor list of all exhibitors or vendors (selling or displaying) that includes the following information:**

1. Name of the business
2. Owner name (first & last name)
3. Complete business address
4. Complete mailing address (if different)
5. Telephone number
6. E-mail address (if applicable)
7. City of Scottsdale Transaction Privilege Sales Tax number or write "Promoting only" if they do not have a sales tax liability

I hereby certify that the statements made herein have been examined by me and they are, to the best of my knowledge and belief, true and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant